

Exception to Application Deadline

Use this form to request an exception to the application deadline.

SECTION 1: STUDENT INFORMATION

First Name					Middle Initial			
					Date of Birth			
Phone	Er	nail						
SECTION 2: EXCEPT	FION REQUEST							
Prior to submitting this If the request is approve						e quarter.		
Admissions Application	Number		_					
Requested Quarter	Summer	Fall		Winter	Spring		Year	
Have you previously att	ended CBC?		No	Yes - Y	Years attended			
Have you previously att	ended another colleg	e or university?	? 🗌 No	🗌 Yes - L	_ist institution(s) a	and years att	tended attended below:	
Briefly explain why you	are requesting an ex	ception to the a	applicatio	on deadline	2:			
How do you plan to pay	r for classes? Please ε	explain:						

SECTION 3: SUBMIT THE REQUEST

A response will be issued via email v	Approved Denied			
In Person Hawk Central 2600 N. 20th Ave., Pasco, WA 99301 H Building		Email blumbiabasin.edu	Date Staff Initials Student ID	
5			Revised 10/2023	
EMAIL records@columbiabasin.edu	PHONE 509.547.0511	ADDRESS 2600 N. 20th Ave.	WEBSITE columbiabasin.edu/apply	

Columbia Basin College complies with the spirit and letter of state and federal laws, regulations and executive orders pertaining to civil rights, Title IX, equal opportunity and affirmative action. CBC does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, parental status or families with children, marital status, sex (gender), sexual orientation, gender identity or expression, age, genetic, information, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal (allowed by law) by a person with a disability, or any other prohibited basis in its educational programs or employment. Questions or compliants may be refered to the Vices & Legal Afrains and CBCs Title UG9 42-554. Individuals with the disability, or and CBCs Title UG9 42-554. Individuals with disabilities are neuroactic actions or compliants may be refered to the Vices & Legal Afrains and CBCs Title UG9 42-554. Individuals with the disability, or and CBCs Title UG9 42-554. Individuals with the disability control actions or complement. Questions or complement and constrained does and the constrained and the disability or expressions of the thread of the formation of the disability and require an accommodation, please contact CBC Disability Support Services at (509) 542-4412 or the Washington Relay Service at 711 or 1-800-833-6384. This notice is available in alternative media by request.